1. PLACE OF DEATH	
County Charles	Registration Dist. No. 100
Village or City near Welcome he	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Benton Chalas	Sarues
(a) Residence: No. Welcome Mc (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND OF Makel Syon Barnes.	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Och. 6. 1871	I last saw h line elive on and 1 ,193 V; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et la 200 A.m.
63 1891 October V 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	p about
Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end	Carculousa diver / 1 year
work was done, as SILK MILL, SAW MILL, BANK, etc.	
Spantin this spanting the spanting this	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Classes Co (State or country)	e f
	Cy racellow
13. NAME Berlin Bornes 14. BIRTHPLACE (city or town). Clear Ca	A Colored Milling
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy? No
15. MAIDEN NAME Mary Elizabeth 15	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Elizabeth (16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Otes Manuel	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mt Tust Date Jan 10, 1935	Manner of Injury
19. UNDERTAKER Hund & Ryon	24. Was disease or injury In any way related to occupation of deceased? No
(Address) Waldry mil	If so, specify
20. FILED Jan 8 1935 Lillian Cooly	(Signed) aule & Notau M.D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of dcath and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Dete of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1-7 -	0-2-0		
/ -	2 4 3	A	

V. S. No. 1

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STATE OF MARYLAND-	-CERTIFICATE OF DEATH 00412
1. PLACE OF DEATH	(D) (1)
County Churles	Registration Dist. No. / 6
Village or City Marlury	NoSt.,Ward
The state of the s	If death occurred in a horpital or institution, give its NAME instead of street and number) s
2. FULL NAME Baly Berry	
(a) Residence: Np.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If merried, widowed, or divorcad	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) Wife of	22. I HEREBY CERTIFY, Thet I attended deceased from 19
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 dey,hrs	I last saw h elive on
Note alad ormin.	wero as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Boudead
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MtLL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Charles le Q,	Other Contributory Causes of importance:
(State or country)	
13. NAME affect Carter 14. BIRTHPLACE (city or town) Janksunium	
14. BIRTHPLACE (city or town) Janksmouns	Name of operation Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Suldie Burry 16. BIRTHPLACE (city or town) Charles Les	23. If death was due to external causes (VIOLENCE) filt in also the following:
(State or country)	Accident, suicide, or homicide?
17. INFORMANT Essie Berry (Address) marburas med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Markery Md Date Jan 9 , 1935	Nature of Injury
19. UNDERTAKER Level Montgomery (Address) marry mid	24. Wes disease or injury in any way related to occupetion of deceased? If so, specify
20. FILED Jaw. 8, 1935 mary Scuttuly	(Signed) Mary Suntuland Register M. D. (Address) Marlury, md.
If more blanks are needed, address State Registrar	4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

-WRITE

STATE OF MARYLAND-CERTIFICATE OF DEATH

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17	U	T	3	. ,
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1. PLACE OF DEATH	(02.0)
County Classification	Registration Dist. No. 108
Village or City The gleerelle	ND. St., Wa (If death occupred in a hospital or institution, give its NAME instead of street and number)
Length of residence in only extend where death occupiedyrs	mos. How long in D. S. if of foreign birth?mos
2. FULL NAME	Huthe
(a) Residence: No. Designed with the (Usual place of abode)	Ward. If wonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	
3. SEX 4. COXOB OR RACE 5. SINGLE, MARBIED, WID	OWED 21. DATE OF DEATH
OR DIVERCED (write the	00, 198
ia. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That Lattended deceased fr
ful on 121.	1920,10 /2 0 ,12
DATE OF BIRTH (month, day, and year)	I last saw by eath is s
	SS than to have occurred on the date stated above, at
or	THE FRACTIAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular kind of work done, as SPINNER.	foron des Furences 31
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Primary branche poeumonia not a con-
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Thication on sequelar Care
kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at his occupation (month and	
this occupation (month and spent in this year) occupation	
2 -6 -018	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town)	A D B
	- Morales recessed
13. NAME COLO Service 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Nama of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). LL&B	Accident, suicide, or homicide? Date of injury, 19
(Stata or country)	Whera did injury occur? (Specify city or town, county and State)
7. INFORMANT 1062 4 Buther (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION OR REMOVAL	A Manner of injury
Place of Morp Ch Date / 301	Nature of injury.
consider de la	24. Was disease or injury in any way related to occupation of deceased?
9. UNDERTAKER (Address) ACC CO	If so, specify
12.25 91 80110	(Signed) The Confidence of the Market of the
0. FILED 1/30/30, 19 Chall haffelear	gistrar. (Address) The address M
+ +	Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

)	SCORD. Every item of infor-	PHYSICIANS should state	act statement of OCCUPA-	
MAKGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	N. E			

1. PLACE OF DEATH			(a)			
County Oliceles				Registration	Dist. No.	8
Village or City Ducka	~		No f death occurred in a horpital or in	TANAMA TANAMANA	St.,	War
Length of residence in city or town where	death occurred		sds. How long in U.S.			
2. FULL NAME no no	· · · ·	Der	it			
(a) Residence: No.			St., Ward.			
(a) Residence. No.	(Usual place	of abode)	Su,walu.	If uonresiden	t give city or town a	nd State
PERSONAL AND STATIST	ICAL PART	ICULARS	MEDICAL	CERTIFICATI	E OF DEATH	
S. SEX 4. COLOR OR RACE		RRIED, WIDOWED, D (write the word)	21. DATE OF DEAT	H		
males Gol.	Sing	La-	7	(Month)	(Day)	, 193 (Year)
a. If married, widowed, or divorced HUSBAND of	4					
(or) WIFE of No	4.0	English of the	1 HERE	BY CERTIF	I care /K	ed deceased from
DATE OF BIRTH (month day and year)	1/18/35		I lest saw h. LU De for	cle ad.	whenod	- Cuenti 18 sai
AGE Years Months	Days	If LESS then	to have occurred on the date :	stated above at	m	, ucatii is sa)
no age		1 day,hrs.	The PRINCIPAL CAUSE OF D			
8 Trade profession or particular		l ormin.	were as follows:	naline		Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	rou			delin	~c,	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	2				7	
SAW MILL, BANK, etc	11 Total i	lime (years)	-		************	
this occupation (month end	spe	ntin this upation				
No. 6	,		Other Contributory Causes of	mportance:		
(State or country)	22	al	140 . 70-	P C		
1 13. NAME LOGICA DEL GE	20121		aras // fr	ung. Sen	motoring.	
			M			
(State or country)	ans 1 la	a	Name of operation		Date of	
15. MAIDEN NAME THE	Diesel	-	What test confirmed diagnosis 23. If deeth wes due to external			
15. MAIDEN NAME Transie 16. BIRTHPLACE (city or town)	. 8 - 1 - 1	la and	Accident, suicide, or homicide			
(State or country) St. M.	one be	gud	Where did injury occur?		Date of injury	, 47
7. INFORMANT Marin D.	and.		Specify whether injury occurre	(Specify city of	r town, county and S OME, or In PUBLIC	itate) PLACE.
(Address) Bhull	ta Hal	e mo				
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury				
Place Description	Date	19 , 19 5 4	Nature of Injury			
9. UNDERTAKER	4		24. Wes diseese or injury in er	ly way related to occur	pation of deceased?_	
(Address)	i pu	of	If so, specify			
10, FILED 1/18/34 19 Gua	Shall	elear-	(Signed) Rouse	of - Cha	ppe les	M. i

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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3 4 4	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
i			
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	1 3 7 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH 00415
M)	ould state	1. PLACE OF DEATH	109
2	should of OCC	County MUCLE On The Theorem	Registration Dist. No./ CC
C)	sho of 6	Village or Cityleas fallace ha	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
1		Length of residence in city or lown where death occurred	As
IN	IANS ment	2. FULL NAME COLLISON CHOS	Nuckett
	O.RD. Every PHYSICIANS let statement	(a) Residence: No.	of Sid!" Ward.
	HYS t st	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
-	REC. PI.	PERSONAL AND STATISTICAL PARTICULARS 3. SEX / / / / 4. COLOR OR RACE / 5. SINGLE MARRIED, WIDOWED.	21. DATE OF DEATH.
rk	EY.	3. SEX OLD 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED, OR DIVORCED ("write the word)	(Month) (Day) (Year)
BINDING	ACT Jassified	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
Z	SX2	May 30/34	
M	0	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
OR	IS A l stated proper ertifica	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
1	st st br pr cer	8 Trade profession or particular	Data of onset
VED	HIS be be of	kind of work done, as SP/NNER, SAWYER, BOOKKEEPER, etc.	
3	ould may back	kind of work done, as SP/NNER; SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month-and.) spent in this	Father reports one Physician
SE	Sh sh it it	10. Date deceased last worked at this occupation (month-and) spant in this	in accent and
RESER		year) occupation	Other Contributory Causes of importance:
	NFADING plied. AGF erms, so tha instructions	12. BIRTHPLACE (city or town) Naules onnie	From information giver
MARGIN	AL ed.	(State or country)	Incumona was church
AR		13. NAME ALLERENT 14. BIRTHPLACE (city or town) harles County (State of County)	J alain'
×	ar su in See	14. BIRTHP(ACE (city or town) Willes Office (State or country)	Name of operation Date of Was there on a subgraph
-	TT II y		What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
	£	I NI a. A. C Bast	Accident, suicide, or homicide? Date of Injury, 19
	LX, TH port	S (State or country)	Where did injury occur?
	A DI O	17. INFORMANT AM huckett tather	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	13 48	18. BURIAL, CHATION, OR REMOVAL	Manner of Injury
	WRITE lation s'AUSE	Place Duces hape Date fan VO , 1933	Nature of Injury
	-WRITE mation s CAUSE TION is	19. UNDERTAKER John hluckett (Father acting)	24. Was disease or injury In any way related to occupation of deceased?
No. 1	I BOL	(Address) falluta, mit	If so, specify
2/2	m (T)	20. FILED JUSU VV, 1935 Felliam V. Cosey	(Signed) A Place M.
>	A	Registrard	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

3. SE

7. AGE

OCCUPATION

FATHER

MOTHER

13, NAME

HUSBAND OF

(or) WIFE of

V. S. No. 1

14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT MA (Address) 18. BURIAL, CREMATION, OR REMOVAL

(Address) Registrar.

Manner of injury Nature of injury

(Address) __

24. Was disease or impury in any wey related to occupation of deceased?___ If so, specify

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

(Specify city or town, county and State)

If more blanks are needed, address Late Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dcath and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RD. Every item of infor-

of OCCUPA-

N. B.-WRITE PL.

STATE	OF	MADVI	AND-CERTIFICATE OF DEA	TH
SIAIL	OF	MARIL	AND CERTIFICATE OF DEA	

00417

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	213-20
County Lucrus.	Registration Dist. No. //
Village or City Chicamusen (1	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	sds. How long in U.S.If of foreign birth?yrsmosds.
(a) Residence: No. Seat Bleasant	St. Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIFORCED (wrige the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBANO of	/
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
T. 90 10111	, 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) Cury, 28 1914	I last saw h; death is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at
20 7 /4 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	accidental A nowning:
SAWYER, BOOKKEEPER, etc. habores.	- an boot was insolved a care
9. Industry or business in which work was done, as SILK MILL, D. C. Pefuse Work, SAW MILL, BANK, etc.	The state of the s
- 1 Spailt III fills	
yaar) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Olcarlee Co. Fud.	Other Continues of the privates.
(State or country)	This man and a companion were
13. NAME Ille, J. Froves	duck hunting.
14. BIRTHPLACE (city or town) Olicarles Or Md.	Nama of operation Date of
(State or country)	What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME Transporte Mushlus.	
	23. If death was dua to external causes (VIOLENCE) fill in also tha following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
On Ha ' D Q1	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT AMA HUMME C. Junia. (Address) Preser Ma	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL SALL STATE STATES	Manner of injury accidental drownings
Place Olucanument Moate FOV, h 6,180.	Nature of injury
Went a P.	24. Was disaasa or injury in any way related to occupation of deceased?
19. UNDERTAKER After the Control of	If so, specify Those E. Sunder S. P.
	eli-se b Biling
20. FILED Jet. 25, 1938 mary Swatterland	(Signed) Morde W. W. D.
I Lucul Registrar.	(Address) Marking Ling.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Date of onset	The principal cause of death and related causes	Data of anait
	of importance were as follows:	Date of cliser
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
~		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	and the second	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.-WRITE PLANCE

V. S. No. 1

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00419
1. PLACE OF DEATH	(82)
County Charles ,	Registration Dist. No. 109
Village or City (III	ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAMES huly D. Hames	o n
(a) Residence: Np.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 5 193 5
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WiFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
1 1 - 1 3	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year)	l iast saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, it
2 Cocago , ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	
SAWYER, BDOKKEEPER, etc	Santaria or o crumpal
work was done, as SILK MILL, SAW MILL, BANK, etc.	Drud War James
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc	uss covered to closely
7- 1	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Infant was dead, when looked ofter,
(State or country)	in the night o Curry
13. NAME 14. BIRTHP(ACE (city or town)	V
14. BIRTHPLACE (city or town)	Name of operation Date of
1 (State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Occident. Date of injury
State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFDRMANT (Address)	Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place / 1930 - 1930	Nature of injury.
19. UNDERTAKER (Address)	24. Was diseese or injury in any way related to occupation of deceesed?
20. FILED. 1 = 2 . 19. 5 - 7. 8 . 1 . 1 . Registrar.	(Signed) J. h. Fradom M. D. (Address) Warneda
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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MARGIN RESERVED FOR BINDING	LAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Ever	uld be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN	DEATH in plain terms, so that it may be properly classified. Exact statemen	ry important. See instructions on back of certificate.
) F	SI	e st	e pi	f ce
EI	THI	P P	y b	k a
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V. S. No. 1

1. PLACE OF DEATH	<u> </u>
County Charles	Registration Dist. N. 12
Village or City Doucasty	No. St War
Length of residence in city or town where death occurredyrs,n	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. Hew long in U.S. if of foreign birth?yrsmosd
11-11	acht san
2. FULL NAME Stell John J	x 0/000
(a) Residence: Np. (Usual place of abyde)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 1. COLOR OR RACE OF EMOLE 1. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a/If married, widowed, or divorced HU3BAND of	(100)
(or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
5. DATE OF RIRTH (month, day and year) 9am. 13, 1935.	1 1 1 1 1 1 1 1 1 1
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
) 1 day,hi	S. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	Date of one
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.	Premalure 1
9. Industry or business in which work was done, as SILK MILL, 5 SAW MILL, BANK, etc	berth
kind of work done, as SPINNER, SAWYER, BODKKEFER, etc	The state of the s
this occupation (month and spant in this year) occupation	10 My seceanin allundance
aledel da	Other Canadibatory Causes of Importance:
(State or country)	
13. NAME noble on Lackson	
13. NAME Noble av Jackson 14. BIRTHPLACE (city or town). Charles es	Name of operation Data of
(Stata or country)	Name of operation Data of Data of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME fule mathews	23. If death was due to external causes (VIOLENCE) fill In also that following:
15. MAIDEN NAME Lule Malhews 16. BIRTHPLACE (city or town) Larles) Co	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
7. INFORMANT Moblew Jackson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Doncasur ma	
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Ty one bushing to Sand 1, 723	Natura of injury
9. UNDERTAKER ECOMONIA Jackson	24. Was disease or injury in any way related to occupation of deceesed?
(Address) bancosly ma	If so, specify On the second sec
a FILED Jan 13, 1035 Cl Thompson	(Signed) Clarent Among State M.
Registrar.	(Address) Poucasus Ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	W 4 4000	Other contributory causes of importance:	
Guisiones	May 1,1923	Gastroenterius	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 00422
County Glasles	Registration Dist. No. 102
Village or City Character Code.	No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME Cora Lee.	
	0
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wistowed	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Year) 22.
6. DATE OF BIRTH (month, dey, and yeer) 16, 1876-1878	1 last saw h = 2 alive on
7. AGE Years Months Deys If LESS then 1 dey,hrs	to have occurred on the dete stated above, etm. The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importence were as follows:
8 Trade profession or particular	Olymuse Cardiac Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceesed last worked et bis occupation (month end	
TO. Date deceesed last worked et this occupetion (month end year)	
12. BIRTHPLACE (city or town) Charles Co. Ind. (State or country)	Other Contributory Causes of importence:
13. NAME Frank Diggs.	
13. NAME From Diggs 14. BIRTHPLACE (city or town) Charles Co. 2nd, (State or country)	Name of operation Dete of
15. MAIDEN NAME Cincinda Lackson.	What test confirmed diegnosis? Was there en au'opsy?
16. BIRTHPLACE (city or town) Challe C. And, (Stete or country)	23. If deeth was due to external ceuses (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Robert Aring griads Fred (Address) Quas Prode Prode Prode	(Specify eity of town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Plece pricarlin 2nd Date Jan. 7, 19 3 5	Menner of Injury
19. UNDERTAKER Stanley Penny (Address) Programa Vild	24. Wes disease or injury in eny way releted to occupetion of deceesed?
20 FILED Coming 6, 190 9 Tom Market	(Signed) Ser, C, Beckenel M.D

needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Ph.			
Other contributory causes of importance:	(= 40.0 L)	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
Corauthory alin of date of buth	
ne from Sletter filled under her 3/1/35	

(Year)

Date of onset

OCCUPA 1. PLACE OF DEATH pluods County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence In city or town where death occurred. How long in U.S. if of foreign birth? vrs. mos. 2. FULL NAME (a) Residence: No. St.. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) 5a. If married, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY. That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Davs If LESS than to have occurred on the date stated above, at 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. back 9, Industry or business in which plnods work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ___ instructions Other Coatributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city of town plain Name of operation. (State or country) carefully What test confirmed diagnosis? MOTHER important. 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: OF DEATH IN Accident, suicide, or homicide?_____ Date of injury______19. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? ___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. pinous 17. INFORMANT (very (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation TION Nature of injury 24. Was disease or Injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Day)

(Address) __ 1 20

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

BINDING

RESERVED

MARGIN

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis Run over by street car 1 week ago 1921 Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastrocnteritis 1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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N. B.-WRITE PI

V. S. No. 1

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH
			Man	

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0	U	X	4	. I

1. PLACE OF DEATH	0	(92-0)	
county Chech	le:	Registration Dist. No. 10/	
Village or City Community of Length of residence In city or town witere	death occurred yrs mos	No. St., f death occurred in a horpital or institution, give its NAME instead of street and nu ds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Auris	municol		
(a) Residence: No.	f.V.V.V.V.V.V.	St. Ward.	
	(Usual place of abode)	If nonresident give city or town and S	ilate
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
5a. If married, widowed, or divorced	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	1980 (Year)
HUSBAND of (or) WIFE of	U	22. HEREBY CERTIFY, That I attended de	eceased from
6. DATE OF BIRTH (month, day, and year)	ung 22 1923	// //0.11 6	death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
8. Trade, profession, or particular	ormin.		Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	y lone	Phumatin	
work was done, as SILK MILL, SAW MILL, BANK, etc.		Chronic andocarditis, Duration and	
10: Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	stand & Class Q	
12. BIRTHPLACE (city or town) Class (State or country)	L. Cr. md	Other Contributory Causes of Importance:	
13. NAME Certhus	Mumoe		
14. BIRTHPLACE (city or town). Che	ale O mol	Name of operation Date of	
(State or country)		What test confirmed diagnosis? Was there an au	
15. MAIDEN NAME HOUSE	Doctor	23. If death was due to external causes (VIOLENCE) fill in also the following:	орѕу/
16. BIRTHPLACE (city or town) (State or country)	ale a md.	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT CAPITALIAN (Address)	munice	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL	Loate for 2 0, 193 5	Manner of injury	
19. UNDERTAKER Stemling (Address) Printing	Remote In The	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Jan . 2. 3 , 1935 Mung	Sunttisalund Rogistrar.	(Signed) Jus. C. Bri Nemell (Address) Markon Sond	M. D.

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Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
I BUILDING			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

19. UNDERTAKER

20, FILED.

(Address)

1. PLACE OF DEATH County Char Village or City Beh	les alton	Registration Dist. No. No. death occurred in a horpital or institution, give its NAME instead of street and not the description of the descriptio	Ward umber) sds.
PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	***************************************
3. SEX 4. COLOR OR RACE 5. Fecuale white	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 20 (Month) (Day)	193 5 T
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year)	t-141933	22. I HEREBY CERTIFY. That I attanded of Jan. 1935, to June 20 I last saw h. ex alive on June 19 1935	lacaasad from
7. AGE Yaars Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at 3:00 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Cate of onset
S. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc 9. industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date decaasad last workad at this occupation (month and year)	2 11. Total time (years) spant in this occupation	Influenza- Spasmodic Larengilia	Jan 18-
12. BIRTHPLACE (city or town) Was (Stata or country)	him you DC.	Other Contributory Cames of importances The hauseline Muthitions of America	
13. NAME Joseph Travel 14. BIRTHPLACE (city or town) (State or country)	latters	Name of oparation Data of What tast confirmed diagnosis? Was there an au	
15. MAIDEN NAME Mildres 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT J. 7. Draw (Address) Bell	hington ley	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	, 19
18. BURIAL CREMATION OR REMOVAL	^		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Nature of injury

if so, specify (Signad)

24. Was disaase or injury in any

(Addrass)

Throngs Caralagate / an 21 1935

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

County Charles					Registration Dist. No. 108		
	Village or City H			2 yrs,m	NoSt.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,_St.,	_Ward	
2.	(a) Residence: No.			ater	St., Ward. If nonresident give city or town and State		
	PERSONAL AND	STATIST			MEDICAL CERTIFICATE OF DEATH		
3. S	Female Co	OR RACE	5. SINGLE, MA OR DIVORCE SIN	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Jan. 9, (Day) (Ye) (Month) (Day)	aar)	
5e.	If marriad, widowed, or divord HUSBAND of (or) WIFE of	ed	55		22. ! HEREBY CERTIFY. That ! ettanded daceesa Jan. 8, ,19 35, to Jan. 9, ,19	d from	
6. D	ATE OF BIRTH (month, day, GE Years	and yeer) De	Deys 12	1932 If LESS then 1 dey,hrs	to have occurred on the deta stated above, et	Is said	
OCCUPATION	8. Trade, profassion, or par kind of work done, e SAWYER, BOOKKEEP 9. Industry or business in	s SPINNER, ER, etc which	none	ormin.	wera es follows: Brancho-pn@umonia, 3 days Date o	fonset	
OCCUP	work wes dona, as SI SAW MILL, BANK, et 10. Deta deceesed last work this occupation (mont year)	ed at	Sp.	time (years) ent in this cupation			
12.	BIRTHPLACE (city or town) (State or country)	Charl	Les Co.	, Md,	Other Centributery Causes of importance: Whooping cough, 21 days		
	13. NAME Ge	eorge F	Plater				
FATH	14. BIRTHPLACE (city or tow (State or country)	n) St.	Mary's	Co., Md.	Name of operation Dete of What test confirmed diegnosis? Wes there en eutopsy?		
I I	15. MAIDEN NAME Ethel Hawkins 16. BIRTHPLACE (city or town) St. Mary!s Co., Md. (Steta or country)			Co.,Md	23. If death wes due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	1117	
	(Address) Hug]	el Hawk			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18. [BURIAL, CREMATION, OR RE		ch Deta 1/	10/	Manner of injury		
19. (UNDERTAKER Eugen (Address) Char		er Hall, Mo	d.	24. Was disease or injury in any wey related to occupation of deceesed?		
20. I	FILED 1/10/	35 Eva	Chappe	elear Registrar.	(Signed) Serry Jakhoron (Address) Charles	_M. D	

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The top of	:			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

(Month) (Day) (Year) 7 AGE IfLESS than ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF 11 BIRTHPLACE OF FATHER (State or country) ш PARI 12 MAIDEN NAME 13 BIRTHPLACE OF MOTHER 20 UNDERTAKER

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE

5 SINGLE

MARRIED,

WIDOWED OR DIVORCED (Write the word)

PLACE OF DEATH

County Co harles

3 SEX

6 DATE OF BIRTH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If deeth occurred in Ward) a hospital or institution, give its NAME is steed of street and number.)

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Day) I HEREBY CERTIFY, That I attended the deceased from end that death occurred on the date steted above, et. The CAUSE OF DEATH * was as follows:

Secondary (Duration)

*State the Disease Causing Death, er, in Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place In the of death. __yrs.____ds.___ds. Where was disesse contracted,

if not et place of dea.h?... Former or usual residence

DATE OF BURIA

If more banks are needed, addre.s State Registrar, 16 W. Saratoge St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enfulness of various pursuits can be known. The ques-Foreman, (b) Automobile factory. The materia For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) without more precise specification as Day For persons who have no occupation Salesman. (b) Grocery;

Strtement of Cause of Death—Name, first, the DISE EACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Liphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> accident; Revolver wound of head-homicide; Poisoned by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of "Uraemia," "Weakness," etc., when a definite disease carbolic acid-probably sweeds. The nature of the injury, or as probably such, if impossible to determine definitely, diseases resalting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart munity, "Old Age, " "Shock,"
> "Inanition," "Marasmus," "Old Age, " "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal condistated unless important. Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, interstitial nephritis, cough; "Congenital," "Sewile," etc.), "Dropsy,"," "Heart failure," "Haemorrhage," Chronic valvular heart disease nephrilis, etc. The contributory contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0	1	A	0	0
U	U	4	0	8

1. PLACE OF DEATH	(82-a)		
County Charles	Registration Dist. No. 104		
Village or City Nayside	ND. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)		
	nosds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME Marronett N.	merulla		
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
OR DIVORCED (write the word)	(Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of	22., I HEREBY CERTIFY. That I attended deceased from		
(or) WIFE of	Jone 5 - 1935, to Jan 141, 1931		
6. DATE OF BIRTH (month, day, end year) 6 4 16 - 1860	I last saw here alive on Lang 1810 1921; death is said		
7. AGE Years Months Days If LESS than			
74 1 a 1 day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of Importance		
8. Trade, profession, or particular	were as follows:		
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Exhaustras		
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)			
1D. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town)	Dither Contributory Causes of importance The July 1933		
13. NAME Show of Somerable			
II IS. WAME			
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of		
	What test confirmed diegnosis? Wes there an aulopsy?		
15. MAIDEN NAME PARTY PA	23. If death was due to external causes (VIOL ENCE) fill in also the following:		
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?		
S (State or country)	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
17. INFORMANT A PARAMETER (Address)			
18. BURIAL, CREMATION DR REMOVAL	Manner of injury		
Place That I Date Date 193	Neture of injury		
19. UNDERTAKER HANDE AND	24. Was disease or injury In any wey related to occupation of deceased?		
20. FILED 1-16-, 19.35' 17. 1. Hydren	(Signed) M. D. (Address) M. D.		
If more blanks are needed, address State Registre	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

certificate.

TION is very important. See instructions on back of

of Occupa-

1. PLACE OF DE	ATH			(108)	,	
County 6	Cuche	+		Registration Dist. No. 10 3		
Village or City	Just	orl-		No. St., f death occurred in a hospital or institution, give its NAME instead of street and n	Wa	
Length of residence in	city or town where	death occurred		ds. How long in U.S. if of foreign birth?yrsmo		
2. FULL NAME	man	1c L.	Stone	alrest		
(a) Residence: No.		L		St., Ward.		
		(Usual plac		If nonresident give city or town and	State	
PERSONAL A				MEDICAL CERTIFICATE OF DEATH		
2	LOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 6 -	
5a. If merried, widowed, or d HUSBAND of	livorced			,,,,,,,, .	112707	
(or) WIFE of San	ena	Stone	street	22. J HEREBY CERTIFY. That I attended	deceesed fro	
e DATE OF BIRTH (month	V '			1 last saw h elive on 6 19.3 \(\frac{1}{2} \)	,	
6. DATE OF BIRTH (month. 7. AGE Yeers	Months	Deys	If LESS than	to have occurred on the dete stated above, at 9 m.	, ueath 15 52	
69			1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:		
9 Trade profession or	particular		1 01	were as follows:		
kind of work dor SAWYER, BODK		Jarm	4	Coma		
. Industry or business work was done, a SAW MILL, BAN	s in which as SILK MILL,	do				
kind of work dor SAWYER, BODK Or SAWYER, BODK Work was done, a SAW MILL, BAN 10. Date deceased last this occupation (11 Total	time (years)			
this occupetion (i	month end / a :	3 Sp	ent in this 20			
				Other Contributory Causes of importence:		
12. BIRTHPLACE (city or tow (State or country)	Charles	60	ma	- P		
13. NAME NY	n Sto	neetre	ul	o b-oc - racionmi		
14. BIRTHPLACE (city or	r town)			Name of operation		
14. BIRTHPLACE (city of (State or country	4 0	60	ng	What test confirmed diagnosis? Wes there en a	utopsy?	
15. MAIDEN NAME	2	roula	boneso	23. If death was due to external causes (VIOLENCE) fill in also the following		
16. BIRTHPLACE (city or	r town)			Accident, suicide, or homicide? Date of injury	, 19	
E (State or country) Charles nul			ned	Where did injury occur?(Specify city or town, county and State		
17. INFORMANT (Address)	m. Ji	tonis	hut	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA	CE.	
18. BURIAL, CREMATION, DE	R REMDVAL	Ü.		Manner of Injury		
Plece 1 my La	uston	Date Le	c 25, 19.30	Nature of injury		
19. UNDERTAKER . Ve	will t	- Regon	-	24. Was disease or injury in any way related to occupation of deceased?		
(Address)	murce	01		If so, specify		
20. FILED Jan 18	1935	O. Oik	kett.	(Signed) facily Chafilan	M.	
7			Registrar.	(Address) Hardlesieelle	2	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 Bi

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH

0	0	4	0)	63
0	U	4	0	U

I. PLACE UP DEATH		(157-2)		
County Charles.		Registration Dist. No.		
Village or City Suarlury	(1	No. St., fdeath occurred in a horpital or institution, give its NAME instead of street and number)		
2. FULL NAME Column where death occ	oth	ds. How long In U.S. if of Iorelgn birth?yrs,mos,	ds.	
The state of the s	wing and ing			
(a) Residence: No.	Sualplace of abode)	St., Ward.		
PERSONAL AND STATISTICAL		If nonresident give city or town and State		
		MEDICAL CERTIFICATE OF DEATH		
Shale Mit OR	GLE, MARRIED, WIDOWED, DAYORCED (purite the word)	21. DATE OF DEATH (Month) (Day) (Ye	5	
5e, II married, widowed, or divorced HUSBAND oI (or) WIFE of	-9	22. I HEREBY CERTIFY, That I ettended deceases		
0.		n. 19 34, to for , 19	30-	
6. DATE OF BIRTH (month, day, and year) Lov.	4, 1984	I last saw h elive on fant 26, 1930; deeth	is said	
7. AGE Years Months	Days If LESS than	to heve occurred on the date steted above, at 3 @ m.		
h R	J I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance		
8 Trade profession or particular	ormin.	were as follows: Oandarital Cardian There	fonset	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	home.	Congenital Cardiac Greene		
9. Industry or business in which				
kind ol work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at				
10. Date deceased last worked at	II. Total time (years)			
O this occupation (month end	spent in this			
(C)	occupation	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town) Elucacine	you 1	Other Community Causes of Importance:		
(State or country)	md.			
13. NAME Terrol Co. The	mbron.			
13. NAME George 6- The	0 0-1			
4 14. BIRTHPLACE (city of town) Charles (State or country)	ge. ma.	Name of operation Date o1		
	of D	Whet test confirmed diagnosis? Was there en autopsy?_		
15. MAIDEN NAME Blanche C. 16. BIRTHPLACE (city or town). Springer	laifter.	23. II deeth was due to external causes (VIDL ENCE) fill in also the Iollowing:		
0 16. BIRTHPLACE (city or town) Since	George Q. Ind	Accident, suicide, or homicide? Date of Injury, 19.		
∑ (State or country)	0	Where did injury occur?		
George & J	Le ha	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.		
17. INFORMANT (Address)	b//	Specify whether injury occurred in INDUSTRY, IN NUME, OF IN PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	1			
Place Prose Punds Del Date	Jan. 31 ,35	Manner of Injury		
Carried Vale	1/1	Nature of injury		
19. UNDERTAKER George G. Ihmy	some.	24. Was disease or injury in any way related to occupation of deceased?		
(Address) Marlury To	nd	If so, specify		
11 11 11	1. 14 6 .	(Signed) Sev. C. Biolerull	M P	
20. FILED Jan 1 20 , 1926 hums	Local Registrar.	(Address) marking mid	_ MI. D.	
	Acguiral.	(Mulicas)		

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
RUREAU Y				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

		OF MAR	YLAND-	CERTIFICATE OF DEATH	00401
1. PLACE O	FDEATH	2		106-0	-
County	July	m,		Registration Dist. No	04
Village or C	ity of the	men	Ma a	No. St., f death occurred in a horpital or institution, give its NAME instead of street	Ward
Length of resi	dence in at or the where	edeath occurred		ds. How long in U.S. if of foreign birth?yrs	
2. FULL NA	ME T	and the	- Thew	un	
(a) Residen	ce: No.		/	St., Ward.	
` '		(Usual place		If nonresident give city or town	
	AL AND STATIS			MEDICAL CERTIFICATE OF DEAT	Н
J. SEX	4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIOOWED, D (write the word)	21. DATE OF DEATH (Month) (Day)	193 (Year)
5a. If married, widow HUSBANO of	red, or divorced			22. 1 HEREBY CERTIFY, That I atten	dod dosessed from
(or) WIFE of				19, to	
6. DATE OF BIRTH	(month, day, and year)	-15.	- 354	I last saw h alive on, 19	
7. AGE Yea		Oays	If LESS than	to have occurred on the date stated above, atm.	
		100	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	1
8. Trade, profe	ssion, or particular			Cold on lyng; with cough certific	Oate of onse
	vork done, as SPINNER, BOOKKEEPER, etc			one he will	y
9. Industry of work was	business in which s done, as SILK MILL, L, BANK, etc			and and later named	ses!
	ed last worked at	11. Total t	ime (years)	In 3 days.	
	pation (month and	spa	nt in this upation		
12. BIRTHPLACE (ci	ty or town)	de		Other Contributory Causes of importance:	
(State or cour		41	2	Physician ded not see childre	
13. NAME	andolph	ohom	won	J	
13. NAME 14. BIRTHPLACE	(city or town)	md, 1		Name of operation Date	of
(State of	country)	4 7		What test confirmed diagnosis? Was there	an autopsy?
15. MAIOEN NA	ME many	S. Jan	22	23. If death was due to external causes (VIOLENCE) fill in also the folio	wing:
15. MAIOEN NA		med,		Accident, suicide, or homicide? Date of injury	, 19
≥ (State or	country)			Where did injury occur? (Specify city or town, county and	(State)
17. INFORMANT (Address)	- Carrie	June	4	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE,
18. BURIAL, CREMAT	ION, OR REMOVAL	4		Manner of injury	
Place A	ey rement in	Oate	19. 20	Nature of injury	
19. UNDERTAKER	Bank P	un		24. Was disease or injury in any way related to occupation of deceased	?
(Address)	Short has	sandly		If so, specify	
20. FILED /	301 19 35	7.1.342	well -	(Signed)	M. 1
			Registrar.	(Address)	M

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE	OF	DEATH	00432
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1. PLACE OF DEATH	
County Ele urles.	Registration Dist. No. /0 /
Village or City Chioanufere.	No. St., Ward
Length of residence in city or down where death occurred	(If death occurred in a horpital or institution, give its NAME instead of street and number) mos
2. FULL NAME Churles Frank, Ve	The state of the s
(a) Residence: No. 14211 Mutchell as	L, St., War Bradbury Heights Mr.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident live city or town and State
	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) That That The property of the propert	
5a. If married, widowed or divorced HUSBAND of Garey Faucitt Keker	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) \$ 281891	
7. AGE Years Months Days If LESS than 1 day	to heve occurred on the date stated above, atm.
8 Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	accidental proving:
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Row-boat overturned, while alasing
11. Total time (years) this occupation (month and year)	croppled Lucks. Cu-502
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance: Cama to Chicamusant Oreck & Charles Country
13. NAME Frank Visibel	- monglands to went ducker, January "the
14. BIRTHPLACE (city or town) Survey	Name of operation. Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Madelina Weismuller	23. If deeth wes due to external causes (VIO) ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Servacing (State or country)	Accident, evidence or homicide? Accident Date of Injury from 11th, 1925.
E (State or country)	Where did injury occur? Chicamusens Charles County maryland.
17. INFORMANT Carry Verger	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury accidental dronowing
Place Suttand M. J. Date Mcle 26, 193	Nature of injury
19. UNDERTAKER PUNG Walsh	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Mich 124, 1935 Mary Swithel	(Signed) Gio. C. Toistaill M. D. (Address) Washing Md
	rar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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Example I	1	Example II	I		
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V s					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH County Village or City Village or City Village or City No. No. No. (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. 2. FULL NAME (a) Residence: No. (brush place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) So. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) AGE Years Months Days If LESS than 1 day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: Date of onest
Village or City Village or Invalidation institution, give its NAME instead of street and number) ds. Village or City Village of Street and number) Village or City Village or City Village of Street and number) Village or City Village or
(If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred
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2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) For Divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Mard. Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. I HEREBY CERTIFY, That I attended deceased from 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (varie the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (varie the word) 5. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Year) 22. 1 HEREBY ERT1FY, That I attended decessed from 19
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The principal of the word of t
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY, That I attended deceased from (property of the standard of
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
7. AGE Years Months Days If LESS than to heve occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
THE PRINCIPAL CASE OF DEATH and Folder Section of Americans
8. Trede, profession, or particular kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BAIKK, etc
SAW MILL, BANK, etc
this occupation (month and spant in this occupation occupation occupation
Charles Co Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)
E Control Date of
14. BIRTHPLACE (city or town) Date of State or country) Name of operation Date of What test confirmed diagnosis? Was there an au'opsy? Was there an au'opsy?
Trial tost continues and
15. MAIDEN NAME 15. MAIDEN NAME 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or lown) 16. BIRTHPLACE (city or lown) 17. Marca did injury occur? Where did injury occur?
16. BIRTHPLACE (city or lown) Washington We Where did injury occur?
(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)
18. BURIAL, CREMATION, OR REMOVAL CONNECTED Menner of Injury
Place St Catherine Date Jan 18 , 1935 Nature of injury
10 HADEDTAKED Excaps William Lather 24. Was disease or Injury in any way related to occupation of deceased? No.
19. UNDERTAKER (Address) If so, specify
(Signer) d. illian bloom M.D.
TO SUISO SAM 1033 A CEL COLO DE COLOR

V. S. No. 1

B.-WRITE PLA

RECEIPTO Every item of Inforr. PHYSICIANS should state Exact statement of OCCUPA-

WITH UNFADING INK-THIS IS A PERMANENT RE

AGE should be

be

TION is very timportant. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

stated EXACTLY.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
BUREAU V. S.	-/-				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

	County	Men	ye	PA	A-		Registration	Dist. No.	04
	Village or C	ity	pas		7.)(1	f death occurred in a hospital	or institution, give its NAM	E instead of street and	d number)
2.	Length of rasi FULL NA (a) Residen	ME &	or town where	death occurred	yrs mo	s ds. How long in l	U.S. if of foraign birth?		mosd
	PERSON	AL AND	STATIST	ICAL PART	ICULARS	MEDIC	AL CERTIFICATE	OF DEATH	
3. S	m	1	OR RACE		RRIED, WIDOWED, ED (write tha word)	21. DATE OF DEA	(Month)	/ >	, 193(Year)
5a.	If married, widow HUSBAND of	ed, or divorc	ad			22. 1 HER	EBY CERTIF	V That I attande	d danaged from
	(or) WIFE of							1, shat i attanue	
6. D	ATE OF BIRTH	(month, day,	and year)	-17-	365	I last saw h alive	on		
7. A	GE Yaa	rs	Months	Days	if LESS than l day,hrs. ormin.		ate statad above, at OF DEATH and ralatad caus		Date of onse
TION	8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.			under			Date of onse		
OCCUPA	9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc			-	•••••				
8	10. Date deceas this occu year)	pation (mont	ad at h and	sp:	tima (years) ent in this cupation	Othar Contributory Causes			
12.	BIRTHPLACE (ci (State or cou			nd.	*	Other Controlled Control	· or importanta.		
HER	13. NAME	refo	1 M	di,					
FAT	14. BIRTHPLACE (State or		n)	mu					
2	15. MAIDEN NA	A	1	4 la / 1	1.10		osis?		
111				by d	namerosa		ernal causes (VIOLENCE) fi		
20	16. BIRTHPLACE (State or	(city or tow country)	n)			Accidant, suicida, or homicide? Date of injury, 19 Where did injury occur?			
17.	INFORMANT(Addrass)	ml	in Cu	mpho	14		(Specify city or currad in INDUSTRY, in HO	town, county and St OME, or in PUBLIC P	tate) PLACE.
18.	BURIAL, CREMAT	ION, OR RE	MOVAL	Date /	/) - 19 %	Mannar of Injury			
19.	UNDERTAKER	ميده	min	Cump	he	24. Was disaasa or injury i	n any way related to occup		
	(Addiass)	Tan	una	20 8	4 . 1	If so, spacify	P & Bin	lini !	. м

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